



# APPLICATION FOR UTILITY SERVICES

**WATER DEPOSIT=\$89.00  
SEWER DEPOSIT=\$26.00  
TOTAL DEPOSIT=\$115.00**

I/WE \_\_\_\_\_  
PRINT APPLICANT'S NAME(S)

DO HEREBY MAKE APPLICATION FOR UTILITY SERVICES FROM THE TOWN OF WIGGINS AT:

\_\_\_\_\_  
SERVICE ADDRESS

\_\_\_\_\_  
EFFECTIVE DATE OF SERVICE

\_\_\_\_\_  
EMAIL

I AM THE:

MANAGER

OWNER

TENANT

LEAVE ON BETWEEN RENTERS

\_\_\_\_\_  
NAME OF OWNER

\_\_\_\_\_  
OWNER MAILING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
TENANT MAILING ADDRESS IF DIFFERENT FROM SERVICE ADDRESS

(OWNER OF THE PROPERTY WILL BE RESPONSIBLE FOR THE PAYMENT OF THE WATER & SEWER BILL ACCORDING TO TOWN ORDINANCE IF LEFT UNPAID BY A TENANT)

\_\_\_\_\_  
CITY STATE ZIP

I DO HEREBY CERTIFY THAT I AM THE ABOVE NAMED APPLICANT AND THAT I WILL BE RESPONSIBLE FOR PAYMENT OF UTILITY SERVICES PROVIDED AT THE ABOVE ADDRESS FROM THE REQUESTED DATE OF SERVICE UNTIL I HAVE PROPERLY NOTIFIED THE TOWN OF WIGGINS TO DISCONTINUE SUCH SERVICES. ANY UTILITY DEPOSIT I HAVE MADE MAY BE APPLIED BY THE TOWN TO THE FINAL BILLING. IF I AM A TENANT, I AGREE THAT MY UTILITY SERVICE INFORMATION WITH THE TOWN OF WIGGINS MAY BE RELEASED TO THE OWNER OF THE PROPERTY OR THEIR DESIGNATED REPRESENTATIVE AT ANY GIVEN TIME.

APPLICANT #1:

\_\_\_\_\_  
HOME PHONE BUSINESS PHONE EMAIL SOCIAL SECURITY NO. DRIVERS LICENSE NO.

\_\_\_\_\_  
SIGNATURE OF APPLICANT (MUST BE 18 OR OLDER TO SIGN APPLICATION) DATE

APPLICANT #2:

\_\_\_\_\_  
HOME PHONE BUSINESS PHONE EMAIL SOCIAL SECURITY NO. DRIVERS LICENSE NO.

\_\_\_\_\_  
SIGNATURE OF APPLICANT (MUST BE 18 OR OLDER TO SIGN APPLICATION) DATE

\_\_\_\_\_  
SIGNATURE OF OWNER-IF DIFFERENT FROM APPLICANT DATE PHONE NO.

AS THE OWNER OF THE PROPERTY LISTED ABOVE, I REALIZE THAT I AM JOINTLY AND SEVERALLY LIABLE FOR THE PAYMENT OF ANY CHARGES ACCRUING FOR WATER AND SEWER SERVICE IN ACCORDANCE WITH THE TOWN OF WIGGINS ORDINANCE NO. 04-1991 AND 05-1991.

FOR OFFICE USE ONLY	
DATE DEPOSIT PAID	
ACCOUNT NUMBER	
DATE ENTERED INTO CASELLE	